

## Safe Staffing Monthly Report (Dec 25 data)

**Meeting date:** 24<sup>th</sup> February 2026

**Reporting to:** Group People Committee

**Agenda item No:**

**Report author:** Lindsay Garcia, Group Director of Nursing, Emma Roberts, Associate Director of Nursing and Professional Workforce, Debi McKeown, Nurse Workforce Lead

**Executive director sponsor:** Emma Nunez, Chief Nursing Officer

**Action required:** Assurance

**Delegation status:** Jointly delegated item to Group Board

**Previously presented to:** N/A

### UHT strategic objectives supported:

Putting patients first

Creating an outstanding experience for our people

Working with partner's

Reforming models of care

Developing excellence as a learning organisation

Using our resources well

### CQC domain link:

Choose an item.

### Board assurance / risk register this paper relates to:

### Key discussion points and matters to be escalated from the meeting

This report provides assurance on inpatient nursing staffing for December 2025. Robust processes are in place to ensure staff with the appropriate skills are deployed to meet patient

need and maintain safe care. Daily Safe Care Staffing meetings review ward acuity, dependency and occupancy, enabling timely redeployment and escalation where required. Staffing risks are actively mitigated to the lowest feasible level through agreed actions overseen by senior nursing leadership.

**ALERT:** Alert to the matters that require the board's attention or action, e.g. non-compliance, safety or a threat to the Trust's strategy.

Sickness absence at South Tees increased month on month for both registered and unregistered staff in December 2025. Registered staff sickness reached 10.98% (+1.18%) and unregistered increased to 7.41% (+0.31%) Despite this, shift fill rates remained stable, reflecting effective management of workforce pressures.

The largest variances between actual and required CHPPD were observed on Ward 9, Ward 11, Ward 25, Ward 26, Ward 31 and Ainderby, indicating potential misalignment between staffing and patient acuity. The financial ledger reports a vacancy position of 121.78 WTE for HCSWs. The highest number of Datix incidents relating to staff shortages and skill mix were reported in Ward 9, Ward 12, and Middlesbrough Holgate PCN.

At North Tees, NHSP fill rates declined for registered nurses from 79.5% in November 2025 to 70.9% in December 2025 and a similar decline for unregistered staff, from 86.1% to 79.5%. However, NHSP fill rates declined for registered and unregistered staff (81.7%, -2.2%; 86.1%, -0.3%). Nurse turnover also reduced for both groups.

At North Tees the overall CHPPD variance for December 2025 is +0.05, with variances >1 identified in multiple wards, including cardiology, respiratory, gastroenterology, stroke, orthopaedics/frailty and endocrinology. These areas align with findings from the biannual nurse establishment review that was presented to Board in July 2025, reinforcing the need for further establishment reviews as CSU service delivery models are developed.

**ADVISE:** Advise of areas of ongoing monitoring or development or where there is negative assurance. What risks were discussed and were any new risks identified.

Across South Tees, the average proportion of planned nurse shifts filled in December 2025 decreased slightly to 96.5%. Staff turnover remained stable, with small month on month reductions in both registered and unregistered staff (registered: 4.41%, -0.26; unregistered: 7.72%, -0.11). Overall turnover remains significantly lower than in December 2024, indicating continued year on year improvement in workforce retention.

Total nursing sickness and absence at North Tees has reduced from 7.2% in November 2025 to 6% in December 2025. Total nursing turnover has reduced at North Tees from 6.4% in November 2025 to 5% in December 2025. At North Tees, the Band 3 HCSW vacancy position across the in-patient wards and clinical departments has reduced to 35.35wte in December 2025 from 59.2wte in November 2025.

The Band 2–3 pipeline programme remains in place, supporting trainee HCSWs to achieve the required competencies through a 12month fixed term post. Centralised recruitment continues, with the next recruitment centre scheduled for February 2026.

**ASSURE:** Assure Inform the board where positive assurance has been achieved, share any practice, innovation or action that the committee considers to be outstanding.

Staff sickness at South Tees continues to be actively managed through Health Improvement Plans, with twice-daily Safe Care reviews helping to mitigate the impact of sickness and increased patient acuity on CHPPD compliance. Workforce oversight enables timely redeployment to maintain safe staffing levels.

HCSW vacancies are being addressed through centralised recruitment, with new starters having commenced in December 2025 and further cohorts planned for February 2026. The registered nurse over-establishment position (17.57 WTE) is proactively managed through Workforce Assurance meetings and vacancy controls to ensure alignment with approved posts and statutory reporting.

Temporary staffing use remains demand-led, with redeployment prioritised over NHSP. Weekly and monthly workforce reviews support triangulation of sickness, turnover and establishment data.

At North Tees, the Band 5 RN vacancy position reduced to 18.5wte in December 2025 from 33.18wte in November 2025, with further reductions occurring in January 2026 following appointment of the January NQN cohort and planned over recruitment. Full assurance is in place that all Trust home NQNs have been appointed.

### Recommendations:

Members of the Trust Board are asked to: Note the content of this report and to note the significant work to ensure safe staffing across the nursing and midwifery workforce throughout December 2025.

## Nurse Monthly Safer Staffing Report: February 2026

This exception report provides the People Committee with the monthly University Hospitals Tees nursing safer staffing position across all in patient areas. The report provides the People Committee with the assurance that arrangements are in place to staff services with the right skills in the right place to provide safe, sustainable and productive staffing.

### • Safer Staffing Governance

At University Hospitals Tees (UHT), Safer Staffing is maintained through twice daily safer staffing meetings (using Safe Care Live) to address any immediate safe staffing concerns on the day and to ensure that suitable safer staffing arrangements are in place in line with patient acuity and dependency levels. Staff redeployment is co-ordinated to ensure patient safety is prioritised and at the forefront of decision making in line with the agreed SOPs. All staffing plans are shared through OPEL meetings and Safe Care meetings.

Across the Group, all elements of safer staffing are reviewed at the site led workforce group meetings. Any unresolved concerns are escalated to the Tactical and Strategic Group. All CSUs undertake a look forward exercise to the week ahead, to ensure that a plan is in place to support any gaps in the nursing workforce. The monthly workforce assurance meetings at both sites have full participation from all appropriate senior nurses including Heads of Nursing, Clinical Matrons and Service Managers to ensure all decision making is appropriate.

**Table 1a and Table 1b** show overall planned versus actual fill across the group. Any areas showing less than 80% for registered nurses are highlighted and rationale provided as to why this has occurred.

During December 2025, several areas at South Tees reported fill rates below 80% for Registered Nurses, primarily due to **patient acuity levels** and **staff sickness**:

#### Day Shifts:

- Zetland - Stroke Rehabilitation
- Maternity Centre Friarage
- PCCU – Paediatric Critical Care
- Cardio HDU – Cardio High Dependency
- CICU – Cardio Intensive Care
- Victoria Ward – Friary Hospital
- Ward 11 – Older Persons Medicine

#### Night Shifts:

- Maternity Centre Friarage
- Cardio HDU – Cardio High Dependency
- CICU – Cardio Intensive Care
- Ward 25 – Hip/Femur Unit
- Ward 29 - Cardiology

In addition, the following areas reported fill rates below 80% due to a **reduced elective programme** during the reporting period:

- Ward 22 – Paediatric Surgery (Days)
- Ward 27 – Elective Orthopaedics (Days and Nights)

These figures highlight the impact of clinical demand and service changes on staffing fill rates and support ongoing efforts to align workforce planning with patient care needs.

In December 2025, the following areas at North Tees and Hartlepool presented a fill rate of less than 80%

- Low RM and HCSW fill rate on delivery suite and ward 22 due to vacancies – have been appointed into but not taking up posts till March 2026. NQM cohort from September 2025 remain supernumerary in December 2025.
- Low RN fill during the day on 26 and 42 due to sickness and redeployment off ward 42
- Low HCSW fill rate during the day on SCBU, Maternity, 28 and 32.
- High HCSW fill rate during the night on EAU, Maternity and 28.
- High HCA fill during the day and night in Care of the Elderly due to high enhanced care needs, and Respiratory due to high acuity needs.

All safe staffing concerns were escalated to the daily safer staffing meetings, where appropriate redeployment was carried out based on patient acuity and dependency.

**Table 1a Trust Planned versus Actual fill – South Tees:**

Overall Ward Fill Rate		December 2025
	RN/RMs (%) Average fill rate – DAYS	
HCA (%) Average fill rate – DAYS		90.4%
NA (%) Average fill rate – DAYS		100.0%
SNA (%) Average fill rate – DAYS		100%
RN/RMs (%) Average fill rate – NIGHTS		92.3%
HCA (%) Average fill rate – NIGHTS		101.5%
NA (%) Average fill rate – NIGHTS		100%
SNA (%) Average fill rate – NIGHTS		100%

	<b>Total % of Overall planned hours</b>	<b>96.5%</b>
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**Table 1b Trust Planned versus Actual fill – North Tees and Hartlepool:**

<b>Overall, Ward Fill Rate</b>		<b>December 2025</b>
	RN/RMs (%) Average fill rate – DAYS	86.9%
	HCSW (%) Average fill rate – DAYS	89.4%
	NA (%) Average fill rate – DAYS	100%
	SNA (%) Average fill rate – DAYS	100%
	RN/RMs (%) Average fill rate – NIGHTS	98.5%
	HCSW (%) Average fill rate – NIGHTS	108.5%
	NA (%) Average fill rate – NIGHTS	100%
	SNA (%) Average fill rate – NIGHTS	100%
	<b>Total % of Overall planned hours</b>	<b>96.5%</b>

- **Nurse Sensitive Indicators**

At both South Tees and North Tees, safe staffing was not directly referenced in any concluded PSIRF reviews in December 2025. Future reports will provide nurse sensitive indicators in line with patient safety and quality metrics.

- **Red Flags Raised through Safe Care Live**

During December 2025, a total of **10** staffing-related red flags were raised at South Tees. These included:

- **6** flagged as *Shortfall in Registered Nurse (RN) time*
- **1** flagged as *PCN – Shortfall HCA*
- **2** flagged as *Less than 2 RN's on shift*
- **1** flagged as *Missed intentional rounding*

Documented resolutions are available via the SafeCare log, providing assurance that appropriate action was taken following escalation.

To support timely resolution and oversight, weekly reminders are issued by the Workforce Assurance Team to Clinical Matrons, prompting review and closure of any resolved red flags.

During December 2025, a total of 7 staffing-related red flags were raised at North Tees and Hartlepool. 6 flags were raised for a Shortfall in Registered Nurse time, and one flag was raised for having 2 RN on duty.

- **5** flagged by Critical Care – due to a shortfall in RN due to acuity levels.

(internal escalation plans followed to maintain safe staffing)

- 1 flagged by ward 27 due to a shortfall in RN – mitigation and appropriate redeployment in place via daily safe staffing meeting.
- 1 flagged by ward 41 due to having only 2 RN on duty – one NA also on duty and mitigation in place with Ward Manager working clinically.

- **Datix/In-Phase Submissions**

At South Tees during December 25, there were 138 Datix submissions relating to staffing. This is a 2.8% reduction in comparison month on month. Staff are encouraged to Datix any staffing related issues which are reviewed and discussed as part of workforce assurance and governance meetings. The majority of Datix submissions, highlight a reduction in staffing on Ward 9, Ward 12 and Middlesbrough Holgate PCN. All shortages raised were managed through the Safe Care process throughout December 25.

At North Tees, in December 2025 there was an increase of in-phase reports relating to nurse staffing, total of 19 were submitted compared to 3 in November 2025. 12 of the reports were submitted from the medical wards and departments due to high levels of acuity and several additional surge beds being opened. 6 reports were submitted from the Maternity teams due to internal escalation being put in place to manage the safe staffing of the wards/teams. Safe staffing plans maintained via actions from the safer staffing meetings in December 2025. Both sites safe staffing meetings have aligned.

- **Vacancy & Turnover**

The vacancy and turnover position across South Tees remain stable. Targeted over-recruitment of newly qualified nurses has supported the safe opening of the winter ward. A paper was submitted and approved by the Executive Team regarding the planned intake of newly qualified nurses in January 2026.

As per the South Tees financial ledger for December 2025, vacancies show as –17.57 WTE (RN and RM combined). The vacancy position as per the financial ledger indicates a vacancy of 121.78 WTE for HCSW's

The third centrally coordinated recruitment campaign for Clinical Support Workers was completed in December, resulting in the successful recruitment of 29 applicants. This cohort is expected to support a reduction in Clinical Support Worker vacancies and enhance workforce resilience, thereby contributing to the maintenance of safe staffing levels across services.

A fourth centrally coordinated recruitment cohort is planned, with interviews scheduled for February 2026. This planned recruitment activity will further support vacancy management, mitigate reliance on temporary staffing, and strengthen safer staffing arrangements moving into winter and early 2026.

At North Tees, the Band 5 RN vacancy position reduced to 18.5wte in December 2025 from 33.18wte in November 2025, with further reductions occurring in January 2026 following appointment of the January NQN cohort and planned over recruitment. Full assurance is in place that all Trust home NQNs have been appointed.

At North Tees, the Band 3 HCSW vacancy position has reduced to 35.35wte in December 2025 from 59.2wte in November 2025 due to a proportion of the vacancies being offset by the appointment of B2 Trainee HCSWs. The Band 2 to band 3 pipeline programme remains in place and is supporting the new trainee HCSW's to gain the required clinical experience and academic requirements to move into a B3 position within a 12-month fixed term post. Centralised advertising and recruitment remain in place for this staff group with the next recruitment centre planned for February 2026.

- **Care Hours Per Patient Day (CHPPD)**

CHPPD is rolling data updated monthly, to show staffing levels in relation to patient numbers on an inpatient ward. This relates to the associated variance between the required care hours to safely care for patients and the actual care hours delivered by individual ward nursing workforce models. Table 2 and Table 3 show the overall average CHPPD for the group. Most recent breakdown by ward for December 2025 can be reviewed in Appendix 2.

**Table 2 South Tees site:**

	<b>Required CHPPD (Average)</b>	<b>Actual CHPPD (Average)</b>	<b>Variance</b>
October 25	9.21	8.94	-0.27
November 25	9.26	9.26	0.00
December 25	9.08	8.80	-0.28

During December 25, data indicates that 14 inpatient areas exceeded the required average for CHPPD. Areas falling below the required CHPPD levels were primarily impacted by elevated staff sickness rates and increased patient acuity. To mitigate these challenges, twice-daily Safe Care reviews continue to support the planning and redeployment of staff into unfilled shifts.

The greatest variance between required and actual CHPPD (<3) was observed on Ward 9, Ward 11, Ward 25, Ward 26, Ward 31 and Ainderby.

- **Ward 9:** The ward carried 2.32 WTE CSW vacancies during December. These posts were successfully appointed through the central CSW recruitment process, with new starters due to commence in late January or early February 2026. Staff sickness increased compared with November: registered staff sickness rose to 9.5% (+4%), and unregistered sickness to 5.4% (+3.6%).



- **Ward 11:** Experienced a significant rise in registered staff sickness, increasing from 3.3% in November to 14.4% in December. Unregistered sickness also increased from 6.7% to 10%. The ward held a 1.0 WTE CSW vacancy, which was appointed to through the December central interview process
- **Ward 25:** Registered staff sickness remained stable at 13.5%. Unregistered sickness reduced by 6.6% to 22.6%, though levels remain high. Temporary staffing was required to maintain safe staffing levels, particularly for patients requiring enhanced supervision due to falls risk.
- **Ward 26:** Reported month on month increases in sickness: registered staff sickness rose by 2% to 6.8%, and unregistered sickness increased by 5.1% to 18%. CHPPD variance was largely driven by high acuity and increased demand for falls watch cover throughout December.
- **Ward 31:** Registered staff sickness increased marginally by 0.9% to 13%, while unregistered sickness rose more markedly from 9.1% to 18.4%. Elevated patient acuity and the need for falls watch support contributed to CHPPD falling below required levels.
- **Ainderby:** Registered staff sickness increased slightly by 0.5% to 4.7%, while unregistered sickness rose by 4.7% to 12.8%. Higher patient acuity, including 1:1 support needs, is reflected in the increased number of NHSP CG47 Level 3 shifts requested.

Wards with CSW vacancies are anticipated to see an improvement in CHPPD following completion of their supernumerary periods.

The reasons for NHSP bookings were consistent with the staffing challenges outlined above (**Appendix 3**).

**Table 3 North Tees site:**

	<b>Required CHPPD (Average)</b>	<b>Actual CHPPD (Average)</b>	<b>Variance</b>
October 2025	9.04	8.84	-0.21
November 2025	9.03	8.87	-0.16
December 2025	8.97	9.02	+0.05

In December 2025, the total variance is in a slightly positive position. The areas highlighting a higher variance level (>1) at North Tees, and thus, not delivering the required CHPPD were;

- Acute Cardiology Unit
- Ward 24 - Respiratory

- Ward 25 - Respiratory
- Ward 26 - Gastroenterology
- Ward 27 - Gastroenterology
- Ward 36 - Endocrinology
- Ward 32 – Orthopaedics/Frailty
- Ward 41 - Stroke

Many of these areas have also been the focus of the most recent bi-annual nurse establishment review where the proposed nurse establishment models in line with the formal review process have been presented.

All unfilled duties within rosters have been managed via the twice daily safer staffing meetings and suitable re-deployment to the areas made. The use of temporary nurse staffing continues at North Tees due to sickness levels that continues to exceed 4% (allocated within headroom) and maternity leave that has previously not been backfilled consistently. The proposed over recruitment of NQNs from the January 2026 cohort will support this position.

The presentation of monthly workforce rostering KPI's and metrics now allows for more detailed correlation between various metrics and planned and actual CHPPD. The monthly reports are used in the monthly workforce assurance meetings to provide a clear identification of areas with low or no compliance and support discussion for planned actions to improve positions.

- **Temporary Staffing**

At South Tees, demand for nursing and midwifery bank and agency staffing in December 2025 decreased by **18%** compared to December 2024. Additionally, bank filled hours declined by **14%** over the same period. These trends suggest that ongoing initiatives to optimise staff deployment are delivering measurable results.

Nursing agency use continues to be minimal at South Tees. In December 2025, a total of **176** nursing agency hours were booked; this is a reduction of 67 hours month on month.

113 nursing agency hours in December 25 were utilised within Friarage Theatres, 40 hours in Cardio Theatres and 23 hours in Orthopaedic Theatres.

ODP agency usage remains present within the Trust. In December 2025, a total of **679** hours were utilised across the following areas:

- **Friarage Theatres:** 118 hours
- **Cardio Theatres:** 94 hours
- **Orthopaedic Theatres:** 467 hours

This reflects both a yearly and month on month decrease.



The current directive from the vacancy control panel is to review agency staffing requirements for the FHN site in January 2026 and the JCUH site in March 2026. All agency usage is subject to appropriate governance and has been approved through the vacancy control panel.

An exit strategy is in place, aligned with the training matrix and competency progression of NQN's and ODP's.

In December 2025, bank staffing spend decreased by £122,593 (-10%) compared to December 2024, reflecting improved workforce stability. Conversely, agency staffing spend for nursing increased by £4,257 year on year while agency ODP spend saw a reduction of £9,214.

The overall fill rate for bank and agency staffing in December 2025 was **76%**, representing a **9%** month on month reduction. This decline aligns with the typical seasonal pattern, where fill rates routinely fall during December due to reduced workforce availability.

At North Tees and Hartlepool, currently all temporary staffing spends (NMAHP, Medical and Dental, Health Care Scientist and Admin and Clerical) is reviewed on a monthly basis via the Temporary Staffing Focus Group (TSFG). The summary for December 2025 reflects all staff groups.

Agency spend YTD is £1,503k lower than previous year

- Agency spend is still lower than in any month last year and has remained consistent with prior months
- After reductions in Pharmacy agency use, Cell Path insourcing now makes up 60% of the remaining agency spend

Bank spend YTD is £3k higher than previous year but is down £31k compared to November. Of which £50k is attributable to in nursing.

Overtime spend YTD is £335k lower than previous year

- M9 spend is consistent with prior month

## Key Priorities

Following the Group workforce assurance meeting in November, priorities identified for alignment include:

- Monthly Workforce Assurance Group
- Daily Safe Care and safe staffing processes including merge of both sites SOP's and policies
- Workforce Assurance business cycle reviewed for both sites with draft of 25/26 plan

- Nursing establishment review cycle to align SNCT collection and Board reporting dates and data validation processes as per NHSE requirements.
- Combined work across both sites in relation to the National Nursing and Midwifery job profiling review.
- Attendance and contribution to the Regional Workforce Planning for Better Care Forum February 2026.

## **Recommendations**

The Board is asked to read the content of this report and to note the progress made across both sites in relation to developing and retaining the nursing workforce.

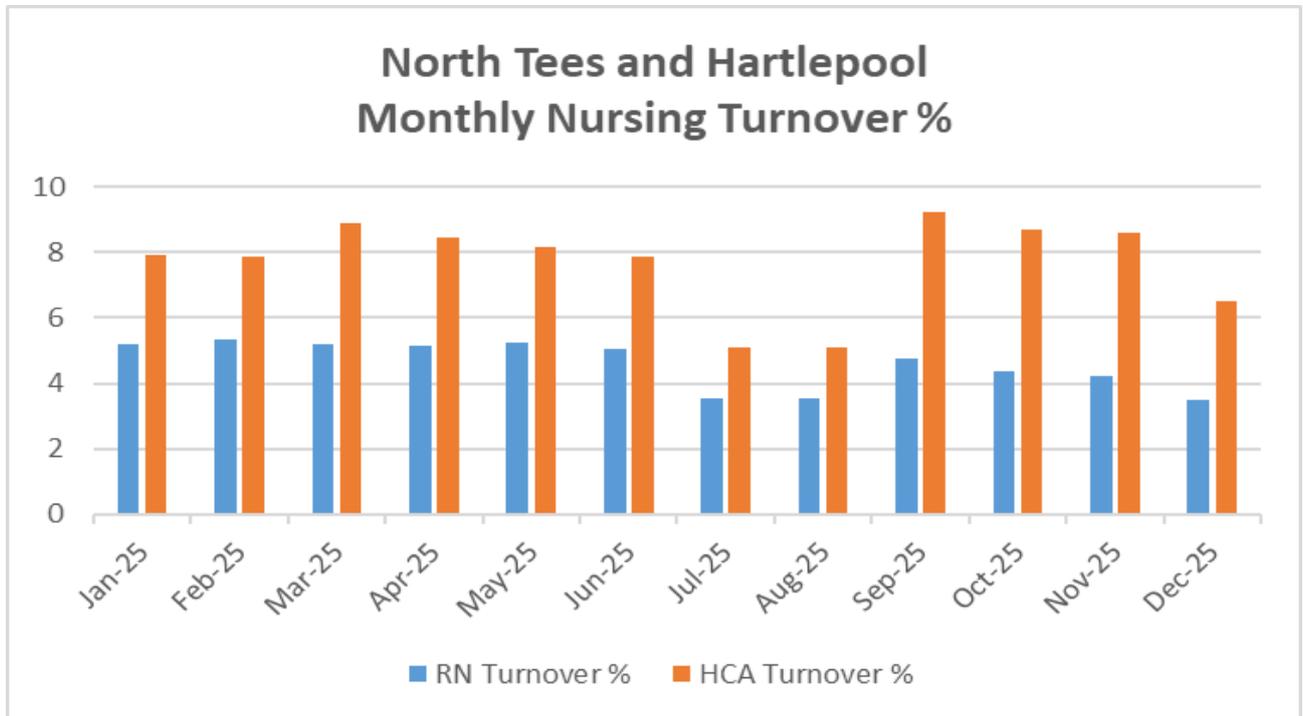
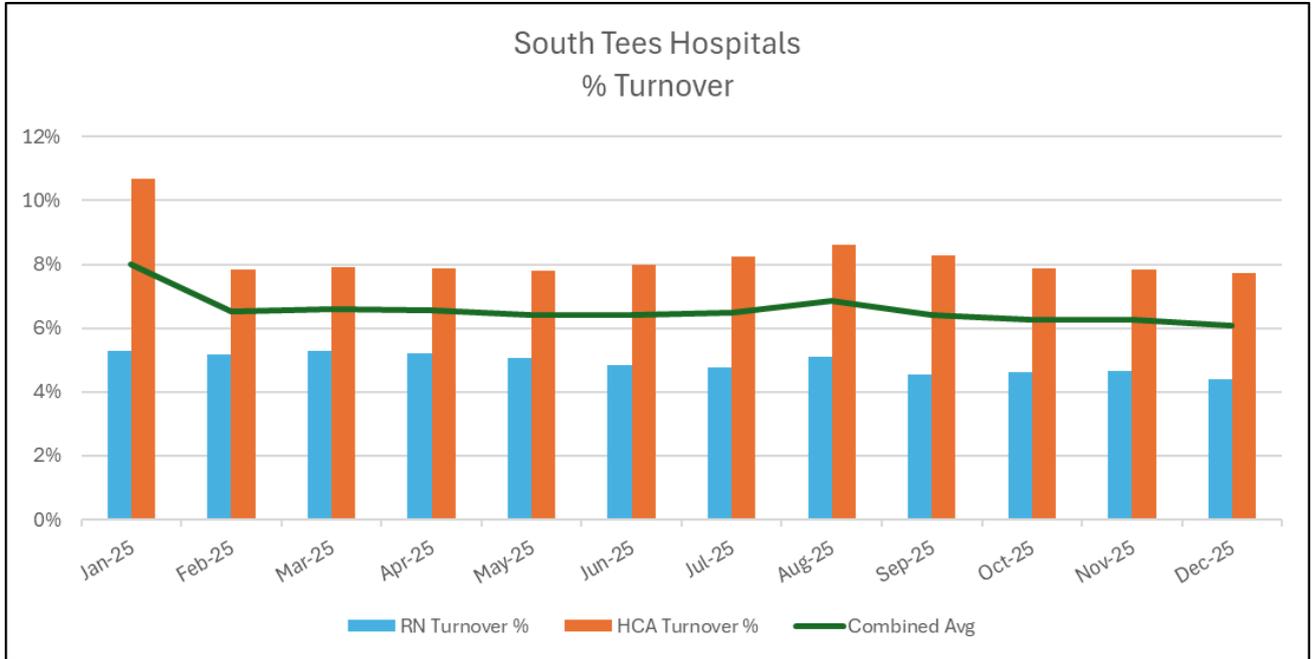
The Board are asked to note the assurance presented that arrangements are in place to monitor, support and mitigate any impact of reduced staffing levels or skill mix in relation to patient safety.

The Board are asked to acknowledge the development of this report in the coming months to ensure that the two current reporting methods across both site teams continue to align. This will provide the continued assurance that arrangements are in place to staff services with the right skills in in the right place to provide safe, sustainable and productive staffing.



# Appendix 1

## Nursing Turnover December 2025



## Appendix 2

### South Tees Average CHPPD Breakdown by Ward (December 2025):

Ward	Average of Required CHPPD	Average of Actual CHPPD	Variance
Ainderby Ward	11.53	6.99	-4.54
CADU	3.17	1.96	-1.21
Cardio HDU	9.94	13.65	3.71
Cardio MB	5.95	9.42	3.46
CCU JCUH	15.05	12.39	-2.65
CDU FHN	8.11	7.96	-0.15
CICU	23.24	24.12	0.88
Critical Care	19.84	27.20	7.37
Friary Ward	8.16	7.42	-0.74
Gara Ward	7.21	12.19	4.99
NNU	12.18	12.99	0.81
PCCU	14.84	20.71	5.87
Romanby Ward	7.66	6.27	-1.39
Rutson Rehab Ward	8.18	7.12	-1.06
Spinal Injuries Ward	10.81	8.13	-2.68
Tocketts Ward	7.62	6.11	-1.50
Ward 01	8.25	7.84	-0.41
Ward 02	6.45	4.75	-1.70
Ward 03	7.37	4.89	-2.48
Ward 04	8.34	6.46	-1.88
Ward 05	6.11	5.45	-0.66
Ward 06 - Short Stay Elective	5.15	6.02	0.87
Ward 07	4.45	4.02	-0.44
Ward 08	5.25	4.94	-0.31
Ward 09	8.75	4.43	-4.32
Ward 11	9.33	6.11	-3.22
Ward 12	9.03	6.18	-2.85

Ward 14	6.13	5.48	-0.64
Ward 21	9.04	11.34	2.30
Ward 22	13.12	17.42	4.30
Ward 24	7.74	7.84	0.10
Ward 24 HDU	11.92	20.38	8.46
Ward 25	9.70	6.39	-3.31
Ward 26	9.73	6.33	-3.40
Ward 27	4.47	6.61	2.14
Ward 28	9.03	6.11	-2.92
Ward 29	5.62	4.93	-0.69
Ward 31	9.94	6.61	-3.33
Ward 32	6.98	5.92	-1.06
Ward 33	8.48	6.63	-1.84
Ward 34	7.64	5.63	-2.01
Ward 35	8.02	8.70	0.68
Ward 36	6.16	4.84	-1.31
Ward 37	11.17	8.90	-2.27
Zetland Ward	8.40	6.82	-1.58
<b>Grand Total</b>	<b>9.08</b>	<b>8.80</b>	<b>-0.28</b>

**North Tees Average CHPPD Breakdown by Ward (December 2025):**

Unit Previous month	Required CHPPD	Actual CHPPD	CHPPD Variance
Acute Cardiology Unit	6.97	5.26	-1.71
Critical Care North Tees	21.75	26.86	5.11
Elective Care Unit	4.10	12.29	8.19
Emergency AMB	7.71	9.08	1.37
Neonatal Unit	10.69	14.96	4.26
Paediatrics	9.86	10.45	0.59
SDU	9.11	12.74	3.63
Ward 24 (Respiratory)	9.35	6.26	-3.08
Ward 24 RSU (Respiratory)	13.25	10.01	-3.24
Ward 25 (Respiratory)	8.92	6.68	-2.24

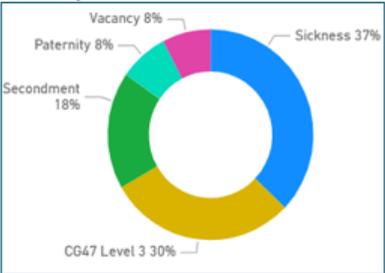
<b>Ward 25 RSU (Respiratory)</b>	12.18	9.09	-3.09
<b>Ward 26 (Gastroenterology)</b>	7.70	5.75	-1.95
<b>Ward 27 (Gastroenterology)</b>	7.57	6.12	-1.45
<b>Ward 28 (Surgery)</b>	6.57	6.09	-0.48
<b>Ward 31 (Surgical Observation Unit)</b>	7.97	8.87	0.90
<b>Ward 32 (Fragility Fracture)</b>	8.46	7.84	-0.63
<b>Ward 33 (Orthopaedic &amp; Spinal)</b>	6.58	7.14	0.56
<b>Ward 36</b>	9.19	7.09	-2.10
<b>Ward 37</b>	6.16	6.06	-0.10
<b>Ward 38</b>	7.56	7.76	0.20
<b>Ward 40 (Acute Elderly)</b>	8.66	7.33	-1.32
<b>Ward 41 (Stroke Unit)</b>	7.97	6.41	-1.56
<b>Ward 42 (Elderly Rehabilitation)</b>	7.90	7.26	-0.64
<b>Average</b>	<b>8.97</b>	<b>9.02</b>	<b>0.05</b>



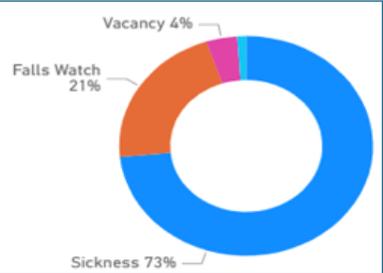
**Appendix 3**

Analysis of NHSP booking reasons in South Tees areas with highest CHPPD variance (December 2025)

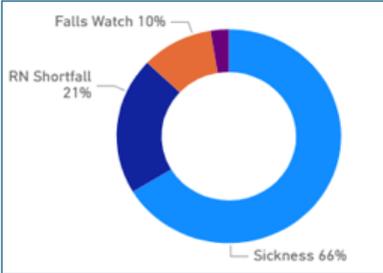
Ainderby



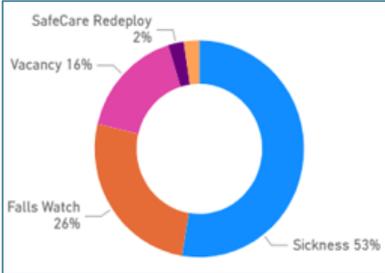
Ward 11



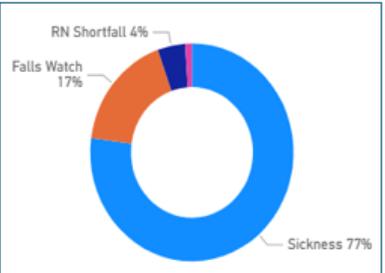
Ward 25



Ward 26



Ward 31



Ward 9

